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Cuckfield Urban District Council

ANNUAL REPORT

OF THE

Medical Officer of Health

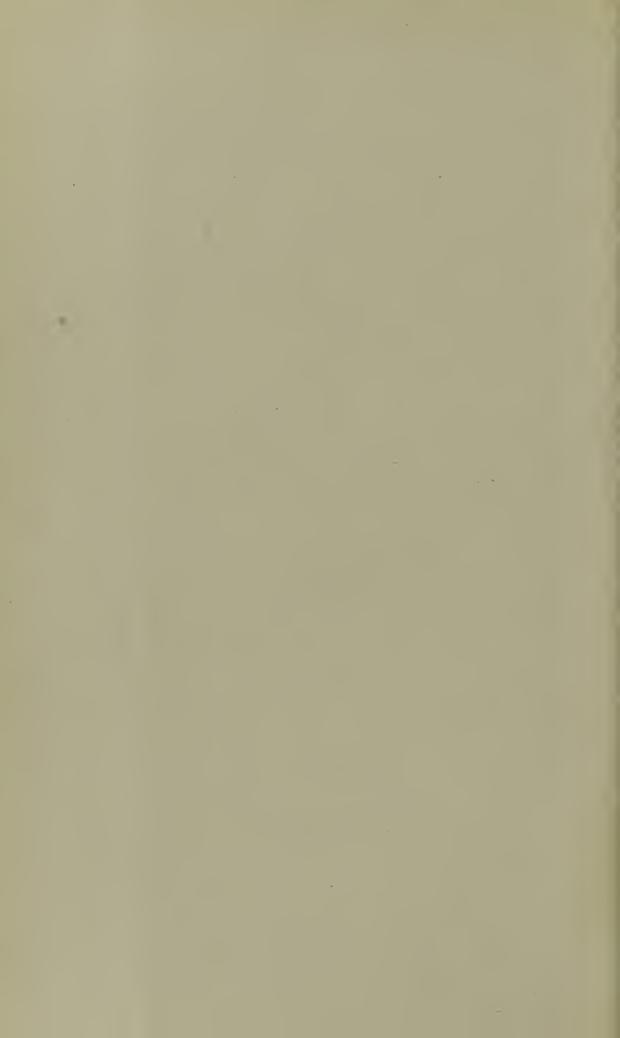
For the Year 1950

BY

WILLIAM B. STOTT,

L.R.C.P. & S. (Edin.), D.P.H. (Camb.)

CHARLES CLARKE (HAYWARDS HEATH) LTD 1 9 5 1



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REPORT

OF

The Medical Officer of Health.

To the Chairman and Members of the Cuckfield Urban District Council.

I have the honour to submit my Annual Report for the year 1950.

The Crude Death Rate is 12.34 and this figure when adjusted gives a Corrected Death Rate of 9.62, which compares with 11.6 for England and Wales.

The Infant Mortality Rate is 24.75 as compared with 29.8 for the country as a whole and with 26.43 for 1949.

The Death Rate for Tuberculosis is 0.18 as compared with 0.36 for England and Wales.

No deaths occurred during the year from Diphtheria, Scarlet Fever, Whooping Cough, Measles or Typhoid Fever.

INFECTIOUS DISEASE

I am pleased to report that no case of poliomyelitis occurred during the year.

Thirty-seven cases of scarlet fever occurred, rather less than last year, and of these ten were removed to the Isolation Hospital. I should like to point out once again that as scarlet fever is now a comparatively mild disease cases should only be removed where (1) the patient cannot be nursed at home, (2) a member of the household is employed in the handling of milk and (3) there is an approaching confinement in the house. In view of the small number of beds available at the Isolation Hospital for such a large population it is important that these beds should not be taken up by unnecessary admissions of scarlet fever, resulting in more urgent cases having to be refused.

No case of diphtheria occurred and in fact since 1940 only five cases

have been notified:--

1941 one; 1943 two (sisters); 1946 one; 1949 one.

All five cases were comparatively mild, four of them being in children who had been immunised.

Before the war scabies was practically unknown in this district, but following the evacuation of children from London, many of whom brought the disease with them, a large number of local inhabitants contracted the disease. Since the end of the war the incidence has been getting less and last year with only five cases one can now say that the district is practically free from this disease.

It will be seen that ten cases of non-pulmonary tuberculosis were notified during the year, which at first sight might give cause for alarm. Seven, however, were in respect of cases occurring in previous years which although they had been notified to County Hall had not been notified to this office.

DIPHTHERIA IMMUNISATION

Since July 1948 the County Council has been responsible for the administration of this scheme and the County Medical Officer of Health has delegated the duties in connection with local arrangements to your Medical Officer of Health.

Striking figures for the country as a whole were given in a recent article by a Medical Officer of the Ministry of Health. In 1941 over 50,000 cases of diphtheria were notified and of these 2,641 were fatal, whilst for the preceding ten years the average annual number of deaths was 3,115 and that of notifications around 60.000. During 1950 the number of cases had fallen to 980 with 49 deaths and this satisfactory position has been maintained into 1951. Concern was expressed that in England and Wales during the latter half of 1950 there was a falling-off in the number of children immunised and it was considered that this was due to the fear that inoculations might bring on paralytic poliomyelitis. This problem is now being investigated and for the present all that can be said is that a prima facie case has been made out of the possibility, during the epidemic prevalence, of some occasional connection between recent immunisation and the onset of the paralysis. however, is extremely small and in 1950 with over half a million immunisations only 58 cases of poliomyelitis developed within four weeks of the injection this out of a total of 5,000 cases of paralytic poliomyelitis.

In this area investigations since 1947 have failed to show a single instance of paralytic poliomyelitis following immunisation injections. As it had been reported that the occurrence of paralysis in the limb had invariably occurred when the injection was given intramuscularly it was decided in August to change our technique of giving .5 cc A.P.T. intramuscularly to .5 cc P.T.A.P. subcutaneously because the latter was reported to cause less discomfort when given by this route. Our experience of this method has been similar; in fact the reactions appear to be less frequent and less pronounced and the Schick conversion rate is equally good.

The falling-off in immunisations in the country as a whole did not apply to this district and the position at 31st December 1950 was that out of a total of 3,593 children under 15 years of age 3,404 had been immunised—a percentage of 95. Immunisation does not commence until the child is nine months old, and if these are excluded from the figures the percentage of children immunised would be 98. I should like to emphasise once again that these figures are not estimates but are founded on fact, a card being made out for every child in the district and immunisations are recorded thereon.

As it is some years since the immunisation scheme as operated in this district was detailed, I think it may be helpful if I were to explain our procedure. Details of children are received from various sources including the Registrar of Births (weekly return), the County Council through the maternity and child welfare department, and other districts and schools. A letter is sent to every parent when the child is eight months old advising immunisation and giving the option of their own doctor or a special clinic. This letter is followed by a personal approach by the district nurse or health visitor, and in a number of cases Dr. Duke, Deputy Medical Officer of Health, gives the injections at the child's home. Three to six months after the immunisation course, which consists of two injections at monthly intervals, an offer is made to the parent for the child to be Schick tested, and this is done by Dr. Duke at special clinics throughout the district.

As immunity wanes somewhat over a period of years all schools in the area are visited at regular intervals, children in primary schools being given a reinforcing injection on admission at the age of five years, while in the case of private school children the new admissions, of whatever age, are Schick tested and only those found to be Schick positive are given another injection.

At ten years of age a Schick test is given, and where the test is positive additional immunisation injections are given. With this age group because of the possibility of reactions with A.P.T. or P.T.A.P. the antigen used is T.A.F. It is interesting to note that of all children tested at this age the percentage who are positive is only 8, showing the methods adopted *do* ensure immunity among the majority of school children. It is also probable that those who do react to the Schick test possess a latent immunity which would come into play if they were infected with the organisms of diphtheria.

All the testing and test reading throughout the area has been carried out by Dr. H. L. Duke, Deputy Medical Officer of Health, and he also gave the majority of the inoculations. It is mainly due to his efforts and those of Miss F. M. Dean, Immunisation Clerk, that the scheme runs so smoothly

and efficiently.

NOTIFICATION OF MEASLES AND WHOOPING COUGH

As it is now eleven years since the Ministry of Health made measles and whooping cough notifiable it would seem that the time is opportune to ask oneself if notification is serving any useful purpose. In the case of measles, 183 cases were notified last year and the figures were about the same for the last few years. There is no doubt that a great deal of time has been taken up with these notifications. The general practitioner has to complete a form in each case—many complain bitterly of the form filling they now have to perform—particulars have to be entered in a register and the form sent to the County Medical Officer of Health who keeps another register. In due course the general practitioner receives two shillings and sixpence for each notification. As far as this district is concerned I cannot see that notification has served any useful purpose as when a general practitioner wishes for the admission of a case to the isolation hospital he telephones the request to my office and notification plays no part in the matter. Whooping cough is a more serious disease than measles, especially in young children, but the same applies to this disease as far as notification is concerned and cases could be admitted to the isolation hospital without it.

VACCINATION

The recent outbreak of smallpox at Brighton again demonstrated the value of vaccination and revaccination in preventing the disease from spreading and also that on the whole the longer the time since vaccination was performed the more severely persons were attacked. As Dr. Cramb, the Medical Officer of Health, states in his Report on the outbreak, no member of the public health department (medical, nursing, sanitary inspectorate, clerical or ambulance) contracted the disease, all being vaccinated at the beginning of the outbreak, and in the case of all the doctors and many of the sanitary inspectors further revaccinations were performed during the course of the outbreak. All known contacts were vaccinated as soon as ascertained and kept under daily observation, and the efficacy of the procedure is shown by the fact that the outbreak was brought to an end less than four weeks from the time the first case was diagnosed. Without vaccination the outbreak could not have been con-Of the twenty-nine cases, ten died and of the latter seven had never been vaccinated, while in the case of the other three all had been vaccinated in infancy but were over 50 years of age, by which time the immunity from vaccination had been lost. It is probable that if these three people had been revaccinated, say at school leaving age, they would be alive to-day.

There were a number of contacts in this district, and they were kept under observation during the incubation period. In the early days of the outbreak I advised the public in this area, through the local press, that those who were working in Brighton or visiting there should be vaccinated but that there was

no need for mass vaccination. The public, however, were alarmed and flocked to the doctors' surgeries, over 6,000 people in this district being vaccinated.

Every child should be vaccinated during the first year of life, preferably about the third or fourth month but only a small percentage of infants are being vaccinated and I would like to make a strong appeal to parents in this district to have their children vaccinated at this age. At a later date, especially in the case of adolescents and adults, primary vaccination is not without risk, small though it may be. Medical opinion is somewhat divided on the need for revaccination in children, but for my part, because of the risk of smallpox being introduced to this country by air travel, I consider children should be revaccinated at school entry and on leaving school. I believe if this were done they would have a better chance of escaping the disease if they came in contact with a case, or at any rate they would have it in a milder form.

FOOD HYGIENE

Considerable attention was given during the year to the problem of obtaining better conditions in foodshops and catering establishments. Frequent inspections were carried out and a number of talks given to the staff on the causes and prevention of food infections. In addition talks were given to a number of local organisations. These talks serve a very useful purpose in that they educate the public to expect and demand clean food in shops, restaurants, cafés, etc., and as they are usually reported in the local press they have a still wider appeal. I should like to take this opportunity of thanking the local press for their co-operation in reporting and commenting on these meetings. They have been most helpful. A Code of Practice which set out the care to be taken by food handlers and the need for personal cleanliness was sent to all food traders in the district and they were asked to bring it to the notice of their staff and to endeavour to carry it out.

Improvements obtained included the provision of lavatory basins for the washing of hands of the staff. A sink which is used for the preparation of vegetables or the washing up of crockery and utensils cannot be regarded as sufficient for hand washing as it may be in use when required for this purpose. Similarly a kettle on a ring cannot be regarded as meeting the requirement of "constant hot water" and, except in the very small shops which are staffed by the owner and/or his wife, proper facilities have been installed at all food shops and catering establishments. The washing of hands is one of the most important factors in the prevention of outbreaks of food poisoning. Time and again outbreaks which have occurred in this country could have been prevented if this simple hygienic precaution had been taken by food handlers before starting work and after having been to the sanitary convenience. At talks to food traders and their staffs I emphasised

this point more than any other.

Probably the next most important factor in preventing food poisoning is the keeping of food in a refrigerator. Even if food does become infected with disease-causing bacteria multiplication will only take place under warm conditions, so that it is of the utmost importance for food, after it has been prepared, to be kept at a very low temperature and this means a refrigerator or an icechest. It is only in recent years that caterers and food traders have begun to realise the importance of refrigeration of foods, although they have been thinking more in terms of keeping food fresh than preventing food poisoning. It is unusual for disease-causing bacteria to alter the smell or appearance of the food and this is of course unfortunate from the point of view of prevention. Food on display in shops should also be protected from contamination from persons, dust and flies, and this can be achieved by means of refrigerated display cabinets for cooked meats, ham, etc., and by glass for other food. We are insisting on some such provision being made in foodshops,

Proper methods of washing up are also important in preventing food infections, and the majority of restaurants and cafés serving main meals have now installed two sinks, one for washing, a detergent being added to the hot water, and the other containing hot water for rinsing and sterilisation. An excellent Food Hygiene Exhibition, which attracted over 4,000 people including, in addition to the general public, members of women's institutes, school children and food traders and their staffs, was held in Haywards Heath in March 1950. A full report appeared in my last year's annual report.

My thanks are due to Mr. Staynes, Senior Sanitary Inspector, for his help and co-operation and for the particulars supplied for this Report, and to the other members of the Staff, and in particular to Miss Everson, my Secretary.

-I should like to take this opportunity of expressing my appreciation of the consideration, support and assistance I have received from the Chairman and Members of the Public Health Committee.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

W. B. STOTT,

Medical Officer of Health.

.),

PUBLIC HEALTH STAFF

Medical Officer of Health	WILLIAM B. STOTT, L.R.C.P. & S. (Edin. D.P.H. (Camb.)
Deputy Medical Officer of Health	H. L. Duke, O.B.E., M.D., Sc.D. (Camb D.T.M. & Hy.
Senior Sanitary Inspector	R. STAYNES, M.S.I.A., M.R.S.I. Certified Meat Inspector
Additional Sanitary Inspector	W. G. COKER, M.S.I.A., M.R.S.I. Certified Meat Inspector (Resigned May, 1950)
	R. J. Webb, M.S.I.A., M.R.S.I. Certified Meat Inspector (Appointed July, 1950)
Clerks to the M.O.H	Miss G. L. Everson Miss G. J. Shuttlewood
Clerks to the S.S.L.	Miss I W HAVIOR A I HSO

Miss J. K. SIMMONS

STATISTICS AND SOCIAL CONDITIONS OF THE AREA. Summary of Statistics for the years:

	1948	1949	1950
Area of District in Acres	3,912	3,912	3,912
Population estimated to middle of year	16,290	16,370	16,776
Rateable Value	£147,907	£149,087	£152,753
Sum represented by a Penny Rate	£587.11.4.	£593.11.8	£599.1.7.
Density of Population (persons per acre)	4.16	4.18	4.29
Number of Houses	4,611	4,699	4,648
Birth Rate per 1,000 population	13.75	13.87	12.04
Death Rate per 1,000 population	10.31	12.22	12.34
Infant Mortality Rate	17.86	26.43	24.75

CAUSES OF DEATH IN CUCKFIELD URBAN DISTRICT.

						Males		FEMALES
1.	Tuberculosis, respiratory					3		-
2.	Tuberculosis, other					_		-
3.	Syphilitic disease					-		1
4.	Diphtheria					-		_
5.	Whooping Cough					-		_
6.	Meningococcal infections					-		
7.						-		-
8.	Measles					_		-
9.	Other infective and parasitic	disease	es			1		-
10.	Malignant neoplasm, stomach					4		2
11.	Malignant neoplasm, lung, br			• •		3		1
12.	Malignant neoplasm, breast					_		5
13.	Malignant neoplasm, uterus		• •			-		2
14.	Other malignant and lympha					14		11
15.	Leukaemia, aleukaemia			•••				1
16.						1		1
17.	Vascular lesions of nervous s	system				8		12
18.	Coronary disease, angina					8		10
19.	Coronary disease, angina Hypertension with heart dise	ase	• •			1		3
20.	Other heart disease		••		• •	18		37
21.	Other circulatory disease					2		4
22.	T - O					$\bar{1}$		
23.					• •	6	••	4
24.	Bronchitis			• •	• •	5	• •	i
25.	Other diseases of respiratory	systen		• •	• •	1	••	
26.	Ulcer of stomach and duode			• •	• •	î	••	1
27.	Gastritis, enteritis and diarrh		• •	• •	• •	1	• •	2
28.	Nephritis and nephrosis			• •	• •	$\hat{2}$	••	
29.				• •		$\frac{2}{4}$	• •	_
30.	Pregnancy, childbirth, abortio	n.	••		• •		• •	_ //
31.	Congenital malformations	·11		• •	• •	_	• •	_
32.	Other defined and ill-defined		··	• •	• •	8	• •	16
33.	Motor vehicle accidents			• •	• •	_	• •	-
34.	4.11 .1 .1			• •	• •	_	• •	
35.		• •	• •	• •	• •	1	• •	
	Suicide		• •	• •	• •	1	• •	_
36.	Homicide and operations of	wai	• •	• •	• •	_	• •	
	Torus					93		114
	Totals	• •	• •	• •	• •	73	• •	114

BIRTH RATE, CIVILIAN DEATH RATE AND ANNUAL ANALYSIS OF MORTALITY During the Year 1950 (Provisional Figures).

	ı						
CATE PER 000 LIVE BIRTHS.		Total Deaths under I year	29.8	33.8	29.4	26.3	24.75
RATE 1,000 BIRT		Diarrhoea and Enteritis (Under 2 years	1.9	2.2	1.6	1.0	14.85
, 7		Pneumonia	0.46	0.49	0.45	0.48	09.0
Annual Death Rate per 1,000 Civilian Population	Ì	Acute Poliomye litis, including Polioencephaliti	0.02	0.02	0.02	0.01	
IAN POP		xoqlism2					
0 CIVIL		Influenza	0.01	0.09	0.10	0.07	90.0
er 1,00		Tuberculosis	0.36	0.42	0.33	0.39	0.18
RATE P		Diphtheria	0.00	0.00	0.00	0.00	
D еатн		Whooping Cough	0.01	0.01	0.01	0.01	
NNUAL		Typhoid and Para-Typhoid Fevers	0.00	00:00	0.00	0.00	
Ą		All Causes	11.6	12.3	11.6	11.8	12.34
RATE PER 1,000 CIVILIAN	ALIOIN.	Still Births	0.37	0.45	0.38	0.36	0.18
RATE PER 1,000 CIVILIAN POPULI ATION	TOLOT	Live Births	15.8	17.6	16.7	17.8	*13.60
	•		England and Wales	126 County Boroughs and Great Towns (incl. London)	148 Smaller Towns (Resident Population 25,000 to 50,000 at 1931 Census)	London	Cuckfield Urban

Total. 0.18 Nii Others. 0.15 Nil The Maternal Mortality Rates for England and Wales are as follows:—Per 1,000 Total Births 0.03

The Maternal Mortality Rates for the Cuckfield Urban District are as follows Nil

* Corrected death rate.

Puerperal

BIRTHS AND DEATHS

Births and Birth Rate

The following table shows the Births registered for the year 1950:—

Legitimate Illegitimate	• •	 	<i>Male</i> 101 9	••	Female 82 10	 Total 183 19
ר	Cotals	 	110		92	 202

This gives a rate of 12.04 per 1,000 population.

Total Stillbi	rthe			_. Ma	le	Fem	ale	Total
Legitimate						1		1
Illegitimate	• •	• •	• •	1	• •	1	• •	2
megrimate	• •	• •	• •	1	• •	1	• •	4

Deaths and Death Rate

The following table shows the Deaths registered for the year 1950:—

Male Female Total 93 114 207

This gives a mortality rate of 12.34 per 1,000 population. The Corrected Death Rate is 9.62.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Laboratory Facilities

Arrangements are made for the examination of specimens for diphtheria, typhoid, etc., with the Public Health Laboratory, Royal Sussex County Hospital, Brighton (Tel. No. Brighton 23506). Medical practitioners send the specimens direct to the Laboratory, and they receive the report by telephone, a copy of such report being sent to this office.

Sputum for tuberculosis—specimens are also sent to the Public Health

Laboratory, Royal Sussex County Hospital, Brighton.

Bacteriological examinations of milk, water, bathing pools, etc., are carried out by the Public Health Laboratory.

Ambulance Facilities

Cases of infectious diseases are now removed by one of the two British Red Cross Society's ambulances stationed at Lavender's Garage, Sussex Road, Haywards Heath.

Hospital Accommodation for Infectious Diseases

Twenty-six beds are available at the Mid-Sussex Isolation Hospital for the treatment of cases of infectious disease, twelve of these beds are in a cubicle block and the other fourteen in a block consisting of two main wards and side wards.

Alterations were carried out during the year to the block which formerly dealt with cases of diphtheria and it now accommodates fourteen cases of pulmonary tuberculosis.

A table on page 17 gives particulars of admissions during the year.

Smallpox

Sedgebrook Smallpox Hospital, Plumpton, has accommodation for ten The South-East Metropolitan Regional Hospital Board state that cases of smallpox occurring in this district should be sent to the River Hospitals (Long Reach), Dartford, Kent.

	11	
	ICS AND TREATMEN	T CENTRES
Infant Welfare Centres		
Cuckfield	Congregational Church	2nd Friday
	Hall	Dr. cach session
Franklands Vil-	The Institute	2nd Wednesday
lage		Dr. each session
Haywards Heath	E.S.C.C. Clinic,	Every Friday
	Oaklands	Dr. 2nd and 4th Friday
	Haywards Heath	
America Lane	Bentswood Community	
	Centre, America Lane	Dr. 3rd Monday
Lindfield	The Tiger	1st Monday 2.30-4 p.m.
Clinics		
Diphtheria	E.S.C.C. Clinic,	Every Monday
Immunisation	Oaklands,	10 a.m12 noon
_ ~	Haywards Heath	
T.B	E.S.C.C. Clinic,	Every Thursday except
	Oaklands,	2nd Thursday
0.41	Haywards Heath	T 1 1 20 5
Orthopaedic	E.S.C.C. Clinic,	Tuesdays 1.30-5 p.m.
	Mill Road,	Fridays 9 a.m5 p.m.
	Burgess Hill	Dr. attends 4th Wednesday
C 1 Th	(by appointment)	at 10.30 a.m.
Speech Therapy	E.S.C.C. Clinic,	Wednesday 9 a.m.
	Oaklands,	
	Haywards Heath	
Child Childana	(by appointment)	
Child Guidance	East Grinstead	Every Eridey 10 e
	Moat Road	Every Friday 10 a.m.
	(by appointment) Lewes	
	Eastgate Baptist	Every Wednesday, 10 a.m.
	Church Room, Lewes	
	(by appointment)	3
	Hove	
	33 Clarendon Villas,	Tuesday 10 a.m.
	Hove 3	Thursday 2 p.m.
Dental	E.S.C.C. Clinic,	Tuesdays and Thursdays
20	Oaklands,	10 a.m. and 1.30 p.m.
	Haywards Heath	ro ann and 1,50 p.m.
School Doctor	E.S.C.C. Clinic,	Dr. Douglas
	Oaklands,	(by appointment)
	Haywards Heath	()
Family Planning	E.S.C.C. Clinic,	2nd and 4th Wednesday
, ,	Oaklands,	2 p.m.
	Haywards Heath	Dr. each session
	(by appointment)	
Sub-Fertility	E.S.C.C. Clinic,	1st Wednesday 2 p.m.
·	Oaklands,	
	Haywards Heath	
	(by appointment)	
Venereal Diseases		ex County Hospital, Brighton.
	Men Monda	ny 1.30-4.30 p.m.
	Thursd	lay 1.30-4.30 p.m.
	Saturd	ay 1.30-4.30 p.m.
	Women and Tuesda	ny 1.30-4.30 p.m.
	Children Thursd	
	0 1	10 10 1

New cases must attend at least one hour before the Clinic closes

INFECTIOUS DISEASE

Notification Rates per 1,000 of the Population

Notifications	England and Wales	Cuckfield Urban
Typhoid Fever	0.00	_
Paratyphoid Fever	0.01	
Meningococcal Infection	0.03	
Scarlet Fever	1.50	2.21
Whooping Cough	3.60	6.02
Diphtheria	0.02	_
Erysipelas	0.17	_
Smallpox	0.00	_
Measles	8.39	10.91
Pneumonia	0.70	0.12
Acute Poliomyelitis (including		
Polioencephalitis)—		
Paralytic	0.13	_
Non-paralytic	0.05	_
Food Poisoning	0.17	0.06

DIPHTHERIA IMMUNISATION

0-15 YEARS OF AGE

Number on Roll	 	 	 	3,593
Number Immunised	 	 	 	3,404
Percentage	 	 	 	95
Percentage excluding		months		98

The table below shows the immunisation figures for every school in the district:—

	On Roll	Immunised	Percentage
SCHOOLS: PRIMARY AND COUNTY SECONDARY St. Wilfrid's Junior Cuckfield	274 287 490 196. 355	274 283 481 193 349	100 99 98 98 98
NOT YET AT SCHOOL, or at school outside our area SCHOOLS, Private	1,602 265 927 2,794	1,580 262 914 2,756	99 99 99

Total Deaths	I	1	ı	- 1	- 1	1	ı	1	ı	
Cases admitted lasting the second sec	10	ı	-	ı	ı	ı	7	1	1	13
65 and over	l 		1	_	ı	ı	1	-	1	
\$9 - \$7	-	ı			I	ı	ı		1	4
35 - 45	1	ı	1	1	ı	I	1		I	
56 - 02	l	_	1	1 *	14	1	-	l	—	17
12 - 20		ı	ı	l	2	l	2	1	I	4
\$1 - 01	9	ı	1	ı	1	1	2	7	-	41
01 - 2	19	I	1	ı	1	1	76	47	l I	163
S - 4	5	1	1	ı	ı	1	16	17	1	38
3 - 4	4	1	1	l	1	1	24	13	1	42
5 - 2	7	1	l	1	1	1	14	12	ı	28
1 - 2	1	1	I	1	1	1	20	4	ı	24
Under I year	1	I	1	1	1	11	4	က	2	20
Total Cases bəninov	37	_	_	7	16	1	183	101	5	357
	•	:	:	:	:	:	:	:	:	:
	:	:	:	:	:	torum	:	:	:	:
Disease	er	ning	:	:	yrexia	Neona	:	Cough	·	Totals
I	Scarlet Fever	Food Poisoning	Dysentery	Pneumonia	Puerperal Pyrexia	Ophthalmia Neonatorum	Measles	Whooping Cough	Scabies	

TUBERCULOSIS—NEW CASES AND MORTALITY, 1950

	pirator	Females	l	1	1	1	1	1	1	1	1	1
Deaths	Non-Respiratory	Males	1	1	ı	1	1	1	1	ı	1	1
Dea	Respiratory	Females	ı	1	ı	;	1	1	1.	ı	1	1
	Respir	Males	1	1	1	ı	I		П	-	1	3
piratory	piratory	Females	1	1	rs.	1	1	П	1	1	1	4
New Cases	Non-Respiratory	Males	ı	П	e	1	2	1	1 .	ı	1	9
New	Respiratory	Females	1	ı	П	3	5	_	1	1	1	11
	Respii	Males	ı	1	I	1	2	4	2	1	1	∞
		•		•	•	•	:	•	:	:	:	:
	10		:	:	:	:	:	:	:	•	:	:
	Age Periods		:	:	:	:	:	:	:	:	ver	:
			0 - 1	1 - 5	5 - 15	15 - 25	25 - 35	35 - 45	45 - 55	55 - 65	65 and over	TOTALS

COMPARATIVE TUBERCULOSIS STATISTICS, 1940-1950

	<u>></u>	11													
Jo pua	Non-Pulmonary	Total	702	24	28	30	31	32	37	34	32	31	38		
at (ı-Pul	[L	10	15	17	18	18	19	22	21	19	19	22		
Register Year	Nor	Z	10	6	11	12	13	13	15	13	13	12	16		
Number on Register at end Year	Pulmonary	Total	50	58	64	65	73	73	70	99	99	74	92		
nmpe	Julmo	[L	28	33	34	33	35	35	31	28	28	33	41		
		Z	22	25	30	32	38	38	39	37	38	41	35		
	Non-Pulmonary	Total	1	2	—	í	I	i	i	1	I	J	ı		
	-Pulr	压	í	7	_	1	1	1	ı	1	ı	1	1		
ths	Non	Σ	i	I	1	I	1	1	1	î	i	1	1		
Deaths	Pulmonary	Total	5	c,	3	3	5	5	7	2	33	_	ĸ		
	ulmo	ΙΉ	8	-	_	7	7	1	7	- 1	-	ı	1		
	P	Z	2	2	2	-	3	4	2	C1	2	-	8		
	Non-Pulmonary	Total	4	9	4	4	2	4	9	2		i	10		
	-Pulr	Ĭ,	1	5	7	7	—	w	4	_	1	1	4		
Cases	Nor	Z	4	П	7	7	-	1	7	_	-	ı	9		
New Cases				Total	17	15	11	20	10	10	13	9	9	14	19
	Pulmonary	ഥ	7	10	5	10	3	3	7	2	-	9	11		
	- 100	Z	10	2	9	10	7	7	11	4	2	~	~		
	Year		1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950		

TABLE SHOWING VITAL STATISTICS FOR THE YEARS 1936-1950

Natural Increase	of Births	Deaths	20	18	17	17	-38	-2	14	09	75	39	51	87	56	27	-5
¢	Infant	Rate	12.27	50.63	30.3	41.4	43.5	40.4	30.7	24.19	33.33	23.36	24.39	32.37	17.86	26.43	24.75
ts, hs		Total	2	∞	S	∞	7	∞	7	9	6	S	9	6	4	9	S
Infants' Deaths		ഥ	7	ς,	7	2	7	7	2	က	7	~	m	2	_	က	7
		M	ı	<u></u>	m	က	S	9	7	က	_	m	m	4	m	m	m
	Death -		10.93	10.51	10.88	11.73	11.91	11.55	13.94	12.86	13.45	12.27	13.16	12.62	10.31	12.22	12.34
of		Total	143	140	148	172	192	186	214	188	195	175	195	191	168	200	207
Number of Deaths		H	75	83	83	106	101	96	125	117	115	92	102	113	100	109	114
			89	57	65	99	91	92	68	71	80	83	93	78	89	91	93
	Birth -		12.5	11.9	12.13	13.61	9.55	11.30	14.85	16.96	18.62	15.00	16.60	18.37	13.75	13.87	12.04
	late	Total	6	6	7	4	9	11	16	76	56	24	17	11	19	14	19
irths	egitimate	Ц	5	5	9	_	7	2	4	14	91	15	∞	9	11	∞	10
■ •≔ •	1116	M	4	4	—	က	4	9	12	12	13	6	6	S	∞	9	6
Number of B	are	Total	154	149	158	185	148	173	212	222	241	190	229	267	205	213	183
Z :	Legitimate	Ħ	79	75	79	96	89	88	101	107	119	66	116	134	96	66	82
	7	M	75	74	79	68	80	85	1111	115	122	91	113	133	109	114	101
Esti-	Esti- mated Popula- tion		13,080	13,320	13,600	13,880	16,120	16,280	15,350	14,620	14,500	14,260	14,820	15,130	16,290	16,370	16,776
Year			1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950

THE MID-SUSSEX ISOLATION HOSPITAL

I am indebted to the Matron, Miss J. M. Reid, for the following particulars of cases admitted during the year.

Disease	ural	oan	it	• ••• •••			
Discase	Cuckfield Rural District	Cuckfield Urban District	Burgess Hill Urban District	East Grinstead Urban District	Uckfield Rural District	Other Districts	Total
Poliomyelitis Observation Poliomyelitis Scarlet Fever Scarlet Fever and Otitis Media Scarlet Fever and Chickenpox Observation Scarlet Fever Paratyphoid Observation Typhoid Typhoid "Carrier" Measles Measles and Broncho Pneumonia Rubella Whooping Cough Whooping Cough and Epilepsy Dysentery Observation Dysentery Erysipelas Cellulitis Cellulitis with Generalised Urticaria Chickenpox Chickenpox and Extensive Burns Mumps Observation Mumps Mumps and Oophoritis Mumps and Orchitis Streptococcal Throat Tonsillitis Quinsey Vincents Angina Laryngitis Influenza Broncho Pneumonia Febrile Catarrh Infective Jaundice Glandular Fever Mastitis Tuberculosis (Pulmonary)	1 1 2 1 3 1 - 1 -			1	7	1	15 1 65 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Totals	53	18	6	40	29	28	174

The Cubicle Block allowed thirty-nine different diseases, observation cases or diseases with complications to be dealt with.

SANITARY SUPERVISION OF THE AREA

Mr. Staynes, Senior Sanitary Inspector, has furnished the following report on the sanitary supervision of the district.

		Inspection	IS			
*Slaughterhouses						481
Foodshops						908
Bakehouses				<i>:</i> .		73
Dairies						92
Ice Cream Premises						160
Restaurant Kitchens						141
Primary Public Heal	th	Acts				193
Re-Inspections						785
Primary Shops Acts						29
Re-Inspections						121
Factories						125
Workplace Inspection	ns					10
Housing Act						16
Cattle Market						3
Schools						17
Public Conveniences						93
Caravans						17
Control of Building	W	orks				85
†Rats and Mice						3,184
Refuse Tips						7
Infectious Diseases						105
Swimming Pools						4
Miscellaneous		••	• •	• •	• •	197
		Total				6,846

^{*} One-fifth of these visits were made by Sanitary Inspectors of the adjoining Rural District.

COMPLAINTS

Two hundred and fifty-four complaints were received and dealt with as under:—

Rats and Mice				 123
Nuisances from Drains				 13
Offensive Smells				 21
Defective Housing Condi	tions			 22
Accumulations of Refuse				 5
Overflowing Cesspools				 8
Insect Pests (4 wasps, 7 l	beetles	and 40	flies)	 51
Miscellaneous		• •		 11

[†] This figure includes 2,563 visits made by the Council's Rodent Operative.

STATUTORY NOTICES

Section	75, Pub	lic H	ealth Ac	et, 1936		
						1
vith by	Owner	• •	• •	• •		1
Section	93, Pub	lic H	ealth Ac	et, 1936		
		• •				1
vith by	Council	• •		• •		1
PRI	ELIMIN	ARY	NOTIC	CES		
• •				•	• •	157
vith by	Owners					138
Works	Superv	rised	(under	Build	ing	
	Section vith by PRI vith by	vith by Owner Section 93, Pub vith by Council PRELIMIN vith by Owners	vith by Owner Section 93, Public H vith by Council PRELIMINARY vith by Owners	vith by Owner Section 93, Public Health Activith by Council PRELIMINARY NOTION with by Owners	vith by Owner	

INFESTATIONS

23

Licences, Byelaws, etc.) ...

All infestations were dealt with by liquid insecticide The following infestations were dealt with during the year:—

Flies	 				 	37
Wasps	 				 	3
Ants	 • •	• •		• •	 	3
Bugs	 		• •		 	4
Fleas	 				 	2
Beetles	 				 • •	11

HOUSING

Two condemned cottages were let throughout the year under the Defence (General) Regulations.

One cottage condemned before the war was made fit and the undertaking cancelled.

Three houses represented as unfit for human habitation and not repairable at reasonable cost in 1949 were vacated during the year.

CARAVANS

Four licences to erect and station moveable dwellings (trailer-type caravans) within the Urban District were granted during the year, and one application for a licence was refused.

FACTORIES

1. INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

		Number of				
Premises	No. on Register	Inspec- tions	Written Notices	Occupiers prosecuted		
(i) Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities (ii) Factories not included in (i) in which section 7 is enforced by the Local Authority	26 71	33	1	Nil Nil		
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	_	_	_	Nil		
Totals	97	123	3	Nil		

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars	No. o		n which of	lefects	No. of cases in which
1 atticulars	Found	Reme- died	To H.M.	By H.M. Inspector	prosecu-
Want of cleanliness (S.1)	3	3	_	_	_
Overcrowding (S.2)	1	1	_	_	_
Unreasonable temperature					
(S.3)	-	-	-	-	
Inadequate ventilation (S.4)	-	_	-	_	_
Ineffective drainage of					
floors (S.6)	_	-	_	_	_
Sanitary conveniences (S.7)					_
(a) Insufficient (b) Unsuitable or defect-	_	_			
ive	_		_	_	_
(c) Not separate for sexes	_	_	_	_	_
Other offences against the					
Act (not including offences		Y			
relating to Outwork)	4	2		-	
Totals	8	6		_	

OUTWORK.

(Sections 110 and 111)

Nature of Work	No. of out- workers in August list required by Sect. 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances work in unwhole- some premises	Notices served	Prosecu- tions
Wearing apparel— Making, etc Cleaning and washing	2 -	-	- -		-	- 1

Sections 15 - 44—Nil.

MEANS OF ESCAPE IN CASE OF FIRE

The twenty factories in respect of which certificates of adequate means of escape in case of fire have been granted were inspected during the year and any amendments or alterations noted thereon.

INSPECTION AND SUPERVISION OF FOOD

Meat Inspection

There are two slaughterhouses in use in the district, one a Government

During the year 5,788 animals were slaughtered at the Government Slaughterhouse and all were inspected. There were 481 visits to the slaughterhouse and 1,235 condemnations involving 38,686lbs. of meat and offals were made.

Animals Slaughtered

Bulls	 	 20
Bullocks	 	 531
Cows	 	 555
Heifers	 	 514
Calves	 	 780
Sheep	 	 2,988
Pigs	 	 400
_		

5,788

Carcases of Animals Inspected and Condemned

	Cattle exc.	Cows	Calves	Sheep and Lambs	Pigs
Number killéd	1,065	555	780	2,988	400
Number inspected	1,065	555	780	2,988	400
All Diseases except Tuberculosis: Whole carcases condemned	2	4	1	4	5
Carcases of which some part or organ was condemned	277	211	10	350	42
Percentage of the number in- spected affected with disease other than Tuberculosis	26.19	38.73	1.41	12.01	11.75
Tuberculosis only: Whole carcases condemned	8	20	3	-	2
Carcases of which some part of organ was condemned	102	181	_	-	10
Percentage of the number inspected affected with Tuber-culosis	10.32	36.21	0.38	-	3.00

The above table shows that of 555 cows slaughtered, 201 were affected with tuberculosis in some degree, whilst 416 were in some way diseased. The percentage of cows killed affected with tuberculosis (36.21) is lower than the average for the last 10 years (47 per cent.).

Of 20 bulls slaughtered, 5 were affected with tuberculosis in some degree.

Of all cattle killed (1,620) 311 were affected with tuberculosis in some degree.

All cattle killed at the Government Slaughterhouse are carefully inspected and 3 cases of cysticercus bovis were found during the year. In addition information regarding 2 of the calves condemned on account of generalised tuberculosis was sent to the Animal Health Division of the Ministry of Agriculture and Fisheries, and, in each case, the dam was traced, slaughtered and found to be affected with generalised tuberculosis.

Slaughter of Animals Act

Two licensed slaughtermen had their licences renewed during the year and one new licence was issued.

OTHER FOODS

During t.c year there were 47 condemnations of other food involving:—

-		
37 stone of fish	13 tins fish	152 tins fruit
281b. peas	37 tins milk	911b. cereals
56lb. almonds	60cwt. kernels	56 tins vegetables
11 tins soup	12 tins meat	28lb. sausages
13 tins fruit juice		

FOOD PREMISES

The adoption of modern methods and equipment in restaurant kitchens, cafés and other places where large numbers of meals are prepared and in bakehouses and foodshops generally, having reached a satisfactory standard as a result of concentrated effort over the last few years it was felt that the largest number of persons at risk in other premises in the district were the children and staffs of schools, including private boarding schools.

The canteens of all the schools in the area provided by the Local Education Authority are modern as is the central depot at which a large number of meals is prepared, cooked and distributed daily to schools in the surrounding area.

An informal inspection of the kitchens, etc., of fifteen private schools revealed that whilst the best was being made of the facilities available, these were often out of date, badly worn or inadequate. Unsatisfactory conditions which were almost universal were—absence of double sinks and sanitary drying racks, use of detergents not understood, roller towels, and lack of hand washing facilities separate from sinks.

It is probable that the catering facilities of private schools would be very rapidly improved if the Minister of Education requested a certificate from the Sanitary Inspector as to their suitability as a condition of approval by the Ministry; such certificates as to the fitness of sanitary accommodation are requested from time to time.

Below is a list of improvements affected at the various types of food premises during 1950:—

General Stores selling food

Lavatory basins Premises cleansed

Constant hot water provided

Lavatory basins			1
Storage facilities improved			1
Premises cleansed	• •	• •	1
Grocers			
Constant hot water provided			6
New sinks			5
Premises cleansed			4
Storage facilities improved			7
Accumulations removed			2
Extensive redecorations			1
W.C.s cleansed and lighting provided			3
Greengrocers			
Constant hot water provided			3
New Sinks			2

W.C.s cleansed and lighting provided

Butchers					
Constant hot water provi	ded				,2
New sinks					2
Storage facilities improve	d				1
Accumulations removed		• •			1
Cafés					
Constant hot water provi	ided				1
Lavatory basin provided					1
Premises cleansed					2
Kitchen improved				• •	1
Extensive redecorations	• •	• •	• •	• •	1
Bakehouses					
Constant hot water provi	ided c	ver sin	ık		1
Premises cleansed					2
Refuse cleared away					1
Dairies					
Boiler removed from wash	ing ar	nd steri	lising r	oom	1
Fishmongers					
Constant hot water provi	ided				2
New Sink		• •	• •	• •	1
Lavatory basin provided	• •	• •		• •	1
Extensive redecorations					1
Refuse cleared away					ī

MILK SUPPLY

The following registrations were operative	during	1950 :	
Dairies			5
Distributors		1	1
Dealers licensed to sell T.T. milk			9
Dealers licensed to sell Pasteurised	Milk		5

As far as is known milk is produced at 10 farms in the district, from two of which milk is sold by retail. The ten farms comprise 7 tuberculin tested, 1 accredited and 2 ordinary milk producers.

SAMPLING

Tuberculin Tested Milk

Fifty samples of tuberculin tested milk were taken by retail—one only failing the methylene blue test.

Accredited Milk

Eight samples of accredited milk were taken by retail—one failing the methylene blue test.

Ordinary Milk

Thirty-one samples of ordinary milk were obtained by retail—two failing the methylene blue test,

Pasteurised Milk

Fifty-two samples of pasteurised milk were obtained and one was unsatisfactory. Nine samples of T.T. (Pasteurised) were obtained and all were satisfactory.

Biological Examinations

Eleven samples of milk were submitted for biological examination and all gave negative results.

ICE CREAM

There are no premises registered for the manufacture of ice cream in this district. One premises is registered for the manufacture of ice lollies. Forty-eight premises are registered for the sale of ice cream, thirty-eight being restricted to the sale of wrapped ice cream.

During 1950 some 66 samples were submitted to bacteriological examination; 32 falling within Grade I, 29 in Grade II, 4 in Grade III and 1 in Grade IV.

Below is a table showing the results of bacteriological examination of ice cream samples month by month.

			MI	METHYLENE BLUE TEST						GRA	DE	
1950 Month		No. of Samples	2 hrs.	$\begin{array}{ c c }\hline 2\frac{1}{2}\\ \text{hrs.}\\ \end{array}$	hrs.	3½ hrs.	hrs.	4½ hrs.	I	II	III	IV
January			_	_	-	_	_	-	-	-	_	-
February		-	_	_	-	-	_	_	-	-	_	-
March			-	_	-	_	_	-	-	-	-	-
April		_	-	_	_	_	-	-	-	-	_	-
May	• •	11	-	1	-	6	-	4	4	7	_	-
June		12	1	1	3	_	3	4	4	7	_	1
July		8	3	_	2	_	1	2	2	3	3	-
August		10	-	1	1	-	4	4	4	6	_	_
September		11	1	1	-	2	1	6	6	4	1	_
October		9	_	-	_	_	1	8	8	1	_	-
November		5		-	_	1	-	4	4	1	-	-
December	8	- 1	-	-	-	-	-	-	-	-	-	-
Totals		66	5	4	6	9	10	32	32	29	4	1

WATER SUPPLY

1. The water for the whole of the urban district is supplied by the Mid-Sussex Joint Water Board. This was satisfactory in quality and quantity.

Monthly samples were taken for bacteriological analysis and all were

reported as being satisfactory.

2. The Board carried out monthly bacteriological examination of the raw water and all were satisfactory. The water was chlorinated after filtration.

3. The supply is not liable to plumbo-solvent action.

4. There is no evidence of the supply being contaminated.

5. Every house in the district is provided with a piped supply direct to the house.

DESTRUCTION OF RATS AND MICE

There were 123 complaints regarding infestations by rats or mice during 1950 and these led to the inspection of 684 premises of which 164 were found to be infested. The Council employ a rat operative trained under the Ministry's Scheme, and this man worked at 154 premises. In addition 8 infestations were referred to the County Pests Officer, and 2 infestations were dealt with by the occupiers of the premises. 229 dead rats were found and it is estimated that 1,131 rats were destroyed.

On the first of November, 1950, a free disinfestation service of private

dwelling houses was commenced.

Th

During August a re-test of the Council's sewers was made. Infestations were found at 2 of the 151 manholes tested and these were treated with poison and cleared.

LICENSING OF WORK

The Senior Sanitary Inspector is responsible for the licensing of works to existing buildings unless structural alteration requiring the submission of plans is involved and during the year licences involving £8,968 worth of works were granted.

PUBLIC SANITARY CONVENIENCES

The maintenance of certain public house conveniences at the Council's expense, in return for their availability to the public throughout the day, was continued.

PROVISION OF ACCOMMODATION UNDER THE HOUSING ACTS

Mr. C. A. C. Ford, Housing Manager, has kindly supplied the following particulars:—

	Housed in post-wa						54
hese	dwellings were ere	cted o	on the	follov	ving es	tates :-	_
Hay	wards Heath						
·	Washington Road					28	
	Allen Road					8	
	Victoria Road					2	
	Western Road					4	
						_	42
Lind	lfield						
	Chaloner Road						12
							54

The types of dwellings erected comprised:—		
Bungalows with I bedroom (erected mainly for elderly persons)		4
Bungalows with 2 bedrooms do.		2
Three-bedroomed flats		5
Two-bedroomed flats		5
Houses—4-bedroomed in block of six		2
,, —4-bedroomed in block of four		2
,, —large three-bedroomed		6
"—3-bedroomed semi-detached		9
., —3-bedroomed in block of six		5
,, —2-bedroomed in block of six		4
,, —2-bedroomed semi-detached		8
District Nurses' houses at 37 Victoria Road and 4 Chaloner Roa	d	2
		54
		_

In addition to new lettings a number of applicants were housed where vacancies occurred in existing dwellings, and as in the previous year transfers were made to relieve overcrowding or overcome under occupation as follows:—

Applicants housed (including 3 Court Order cases, 2 T.B. cases, and 2	
from Pitchers Park as a result of a Demolition Order made against	
the owner)	37
Transfers to rélieve overcrowding in Council dwellings	4
Transfers to overcome under-occupation in Council dwellings	3
Families in requisitioned property offered permanent accommodation	8
Families transferred to lower rented dwellings for financial reasons	2
	54

444 housing applications were outstanding at the beginning of the year and 165 were received during the year. The number of applications outstanding at the 31st December, 1950, after lettings and deletions brought about by a number of people finding their own accommodation and also by a revision carried out by this department was 394.

